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CONFIRMATION NO. 8546

<b>SERIAL NUMBER</b> 10/085,347	<b>FILING OR 371(c) DATE</b> 02/27/2002 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 33379US1
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

*661* This appln claims benefit of 60/273,092 03/02/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*661 (none)*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 03/26/2002

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 2
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**ADDRESS**

116

**TITLE**

Uneven-counter-rotational coil based MRI RF coil array

<b>FILING FEE RECEIVED</b> 563	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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